

BOARD OF REGISTERED NURSING

P.O. Box 944210, Sacramento, CA 94244-2100

P (916) 322-3350 | www.rn.ca.gov

Ruth Ann Terry, MPH, RN, Executive Officer



CRITERIA FOR FURNISHING NUMBER UTILIZATION BY CERTIFIED NURSE-MIDWIVES

I. INTRODUCTION

The Nursing Practice Act, Business and Professions Code (B&P) section 2746.51 authorizes certified nurse-midwives (CNMs) to obtain and utilize a “furnishing number” to furnish drugs and/or devices. Furnishing of drugs and/or devices by a CNM means “the act of making a pharmaceutical agent or agents available to the patient in strict accordance with a standardized procedure”. Effective January 1, 2002 the CNM may furnish controlled substances by approved standardized procedure following receipt of a Drug Enforcement Administration, DEA registration number.

II. PRACTICE REQUIREMENTS

The following criteria must be met by the CNM in order to utilize the furnishing number to furnish drugs and/or devices pursuant to this section.

Furnishing Definition

Furnishing of drugs or devices by a certified nurse-midwife means the act of making a pharmaceutical agent or agents available to the patient in strict accordance with a standardized procedure or protocol. Use of the term “furnishing” in this section shall include the following:

- The ordering of a drug or device in accordance with the standardized procedure or protocol.
- Transmitting an order of a supervising physician and surgeon.

Drug Order

“Drug order” or “order” for purposes of this section means an order for medication or for a drug or device that is dispensed to or for an ultimate user, issued by a certified nurse-midwife as an individual practitioner, within the meaning of Section 1306.03 of Title 21 of the Code of Federal Regulations. Notwithstanding any other provision of law, (1) a drug order issued pursuant to this section shall be treated in the same manner as a prescription of the supervising physician; (2) all references to “prescription” in this code and the Health and Safety Code shall include drug orders issued by certified nurse-midwives; and (3) the signature of a certified nurse-midwife on a drug order issued in accordance with this section shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.

Furnishing Number---Include the furnisher’s name and furnishing number on the transmittal order form for drugs and/or devices. Prescription pads may be used as transmittal order forms as long as they contain the furnisher’s name and furnishing number. Pharmacy law requires a physician’s name on the drug and/or device container label. Inclusion of the physician’s name on the transmittal order form facilitates dispensing of the drug or device by the pharmacist. When furnishing, “ordering” controlled substances, the CNM would include his/her DEA number on the transmittal form as well as the furnishing number.

Limitations on Drugs and/or Devices---Drugs and/or devices are furnished by a CNM in accordance with standardized procedures or protocols developed by the CNM and supervising physician under any of the following circumstances:

- When furnished incidental to the provision of family planning services.
- When furnished incidental to the provision of routine health care or prenatal care.

- When rendered to essentially healthy persons.

Furnishing Controlled Substances

The CNM is required to have a furnishing certificate from the Board of Registered Nursing and a Drug Enforcement Administration registration number.

The furnishing of drugs, including controlled substances, shall be further limited to those drugs agreed upon by the CNM and physician and specified in the standardized procedure. When Schedule II and III controlled substances, as defined in Section 11056 of the Health and Safety Code, are furnished by the CNM, the controlled substances shall be furnished in accordance with a patient-specific protocol contained within the standardized procedure and approved by the treating or supervising physician.

A patient-specific protocol, as required for CNMs to furnish Schedule II and III controlled substances, is a protocol contained within the standardized procedures that specifies which categories of patients may be furnished these classes of drugs. The protocol may state any other limitations as agreed upon by the CNM and the supervising physician such as the amount of the substance to be furnished or the criteria for consultation. Pursuant to Health and Safety Code section 11200(b), “no prescription for a Schedule III or IV substance may be refilled more than five times in an amount, for all refills of the prescription taken together, exceeding a 120 day supply.” Prescription for furnishing Schedule III through V refers to “order” for the written prescription transmittal order.

Furnishing: Sign for the Request and Receipt of Pharmaceutical Samples and Devices.

Certified nurse midwives, nurse practitioners and physician assistants are authorized to sign for the request and receipt of complimentary samples of dangerous drugs and devices identified in their standardized procedures or protocols that have been approved by the physician per Senate Bill 1558 (Figueroa), Chapter 263, signed by Governor Gray Davis on August 24, 2002 to take effect immediately. This new law amends BCP Section 4061 of the Pharmacy law to allow CNMs, NPs, and PAs to request and sign for complimentary samples of medication and devices.

Pharmacist

A copy of the standardized procedure or protocol relating to the furnishing or ordering of controlled substances by a certified nurse-midwife shall be provided upon request to any licensed pharmacist who is uncertain of the authority of the certified nurse-midwife to perform these functions.

Standardized Procedures---CNMs furnish the drugs and/or devices in accordance with standardized procedures as defined in B&P code section 2725 and 2746.51 of the Nursing Practice Act. A drug formulary may be incorporated into the standardized procedure as described in the Board advisory statement, “An Explanation of the Scope of RN Practice Including Standardized Procedures.”

Sites--- Effective January 1, 2003, CNMs may furnish in solo practice pursuant to BCP Section 2746.51 per Senate Bill 933 (Figueroa) Chapter 764) signed by Governor Gray Davis on September 20, 2002.

Drugs and devices including schedule III, IV and V controlled substances can be furnished in the following sites:

- Clinics---community, free, chronic dialysis, rehabilitation, government operated, hospital outpatient clinics, or Indian clinic on tribal land.
- Group Practice---offices or clinics of licensed health care providers who are in group practice.
- Physician’s Office---office of physicians in group practice who provide a preponderance of their services to members of a prepayment health care service plan.
- Hospitals---acute care or maternity hospitals.
- Student Health Centers---student health centers operated by public institutions of higher education.

Site--- Schedule II controlled substance can be furnished or “ordered” in a hospital setting.

Physician Supervision---CNMs furnish the drugs and/or devices under the supervision of a physician. Board approval of the supervising physician is not required. For furnishing purposes, the physician may supervise a maximum of no more than four (4) CNMs at one time.

Patient Education---Prior to the furnishing of drugs and devices, the CNM must provide appropriate educational information to the patient.

Other Board advisory statements related to the furnishing of drugs and/or devices may be obtained from either of the Board's offices or on www.rn.ca.gov. They are:

- Acceptance and Implementation of Orders.
- An Explanation of the Scope of RN Practice Including Standardized Procedures.

El Monte Office (626) 575-7080

Sacramento Office (916) 322-3350

Please refer to:

STANDARDIZED PROCEDURE FOR CERTIFIED NURSE MIDWIVES FOR FURNISHING MEDICATIONS

I DEFINITION

The Nursing Practice Act, Business and Professions Code (B&P) Section 2746.51 defines furnishing of drugs and devices by nurse midwives as: "The act of making a pharmaceutical agent or agents available to the patients in strict accordance with a standardized procedure."

II BACKGROUND INFORMATION

In order for the nurse midwife to legally furnish medications, the following must apply:

- A. The nurse midwife must have a furnishing number as provided by the California Board of Registered Nursing.
- B. In order to furnish controlled substances Schedule II, II, IV, and V, a nurse midwife must register with the DEA and obtain a DEA registration number. This is in accordance with SB 289 and the subsequent amendment to the Business and Professions Code Section 2725, effective 1/1/02.
- C. The nurse midwife **may not** use the DEA number of the supervising physician.
- D. "Drug order" or "orders" means an order for medication or for a drug or device that is dispensed for or for an ultimate user issued by a nurse midwife as an individual practitioner is treated in the same manner as a prescription of the supervising physician.
- E. All references to "prescription" include "drug orders" issued by a nurse midwife, **the signature of the nurse midwife on a drug order shall be deemed to be the signature of the prescriber.** (Refers to Section 1306.03 of Title 21 of the Code of Federal Regulations and the Health and Safety Code.)
- F. The standardized procedure or protocol has been developed through collaboration amongst nursing, the nurse midwives, physicians, and administration. Schedule II and III controlled substances furnished to patients must be in accord with patient specific protocols approved by the treating physicians and surgeon.
- G. The nurse midwife and supervising physician have approved the standardized procedure.

H. The standardized procedure must document the following:

1. Names of the nurse midwives who can furnish.
2. The drugs and devices that may be ordered.
3. The circumstances under which the drugs and devices can be ordered.

III POLICY

Certified nurse midwives may write an order for drugs and devices that are specified in approved formularies. Nurse midwives who have a furnishing number and a DEA registration number may write an order for controlled substances II, III, IV, and V. Such drugs and devices are furnished incidental schedules to the provision of family planning services, perinatal services, or routine health care provided to essentially healthy persons.

A. Settings

1. Nurse midwives may only furnish Schedule II controlled substances in a hospital setting. Nurse midwives may furnish Schedule III, IV, and V controlled substances rendered to essentially healthy persons in the following settings:
 - a. Acute care hospital
 - b. Licensed birth center
 - c. Specialty maternity hospitals
 - d. Clinics
 - e. Physicians/Group practice
 - f. Student health center

B. Supervision

1. Nurse midwives may furnish drugs or devices under the supervision of the physicians of (affiliate name) or their designates.
2. For furnishing purposes, no physician shall supervise more than (affiliate decision) certified nurse midwives at one time.
3. The physician supervisor is not required to be physically present at the time of patient examination by the nurse midwife, but must be available at least by telephone.

C. Limitations

1. Schedule II and III controlled substances or devices furnished to patients must be in accord with patient specific protocols approved by the treating physician.
2. Schedule II controlled substances may be furnished in the hospital setting only.
3. A nurse midwife cannot furnish controlled substances without a furnishing number and DEA number. In the event the nurse midwife is awaiting furnishing and DEA numbers, all prescriptions will be co-signed by the supervising physician until the numbers are obtained.
4. Patient education is given regarding the drug or device.
5. The nurse midwife's name and furnishing and DEA numbers are written on the transmittal order.
6. All general policies regarding review, approval, setting, education, evaluation, supervision and consultation in the associated protocols are in effect.
7. Schedule II and III controlled substances can be given with patient specific protocols (See Appendix A.).

IV PROTOCOL

A. Data Base

1. Patient selected as needed specific drug and/or device therapies as identified according to assessment and individual clinic guidelines.

2. Utilize knowledge of pharmacokinetics and pharmacodynamics to individualize and maximize therapeutic regimen selected.
3. No patient or family contraindications.

B. Action

1. Drugs are ordered on physician's order sheet, discharge order sheet, facility prescription form, or practice prescription form.
2. All orders must be in legible handwriting with a legible signature in accordance with California state law.
3. Patient name must be clearly identified.
4. Dosage, strength of drug, quantity to be dispensed, and directions for use must be specified.
5. Print name and furnishing number and sign orders.
6. For inpatient orders, flag chart and notify unit personnel.
7. Provide appropriate educational information to client including (as applicable):
 - a. Directions for taking the drug.
 - b. What to do and whom to contact if side effects occur.
 - c. Common side effects.
 - d. Possible serious or harmful effects of the drug.

C. Record Keeping

Document in the patient record the name of the drug, dosage, route, and instruction and education given.

V REQUIREMENTS

- A. Training and/or education requirements:
(List affiliate requirements)
- B. Methods for initial and continuing evaluation:
(List affiliate requirements)
- C. Scope of supervision required to perform the functions of this standardized procedure:
(List affiliate requirements)
- D. The nurse midwife will adhere to the following specific institutional requirements for patient record keeping:
(List affiliate requirements)
- E. In the event of a severe drug reaction, the nurse midwife must immediately communicate with a patient's supervising physician concerning the patient's condition.

VI DEVELOPMENT AND APPROVAL

- A. This standardized procedure was developed through collaboration of nursing, the nurse midwives, physicians, and administration.
- B. The Medical Staff Office will maintain a written record of those nurse midwives authorized to perform the functions of this standardized procedure.
- C. The method and timeline for periodic review of this standardized procedure will be:
(Affiliate's requirement)

VII AUTHORIZED NURSE MIDWIVES

- A. The following nurse midwives are authorized to perform this function:
(List authorized nurse midwives at affiliate)

VIII APPROVED FORMULARY

- A. Authorized nurse midwives may furnish medications listed in the (affiliate name) approved formulary for (applicable year).
(See Appendix B).

APPENDIX A PATIENT SPECIFIC PROTOCOLS

PROTOCOL 1: Labor Patient

Draft October 2002

- A. Database
1. Patient is in active labor.
 2. Ineffective non-pharmacologic methods of pain relief.
 3. Patient requests pain medication.
 4. Reassuring fetal status.
 5. Delivery is expected in 2 hours or more.
 6. No patient or family history of contraindications to pain medication.
- B. Action
1. The medications the nurse midwife can choose from for pain relief in active labor are:
 - a. Nubain 5-10mg IV every hour
 - b. Stadol 1-2mg IV or IM every 1-2 hours
 - c. Demerol 25-75mg IM every 1-2 hours
 - d. Fentanyl 50-100mg IV every hour
 2. The nurse midwife will provide the patient with appropriate educational information, including expected action and common side effects.
 3. When ordering medication(s), the nurse midwife will use the standard physician order forms, clearly labeled with the patient's name and date of birth